Effective October 1, 2000									097-38248					
T	OTAL CLAIMS		FILED - PART I (Column 1)		umn 2)	SMAI TYPE		אדודץ 	OR		R THAN ENTITY			
	TAL CLAIMS						RA	ΓE	FEE		RATE	FEE		
FC	R		NUMBER	ALED	NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	<del></del>		
<u> </u>	TAL CHARGE		26 mi	nus 20=	. 6		XS	9=		OR		108		
INC	EPENDENT C	LAIMS	T minus 3 = 4				X44	<u> </u>			X80=			
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				.12		<b></b>	OR		350		
" If the difference in column 1 is less than zero, enter "0" in						column 2	+13 TOT	_		OR				
CLAIMS AS AMENDED - PART II									<u> </u>	OR	TOTAL	1138		
12	(Column 1) (Column 2) (Column 3						SMA	LL I	ENTITY	OR	OTHER SMALL			
AMENDMENT AT	7/30/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
INDI	Total	. 26	Minus	2	6	= 0	X\$ 9	)=	1	OR	X\$18=	.1		
AM	Independent	NTATION OF MI	Minus	7	21 4114	= 0	X40	_		OR	X80=	7		
<u>.                                    </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_/	OR	+270=	1		
								TAL EE	-	OB	TOTAL	<del>                                     </del>		
(Column 1) (Column 2) (Column 3)										,	ADDIT. FEE	-		
**AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIGNAL FEE		
Q E E	Total	.00	Minus	6	6	= /	X\$ 9	=		OR.	X\$18=			
A W	Independent	• /	Minus		7	= /	X40:	-		OR	X80=	<del>-/-</del>		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	/		
							ADDIT. F			OR.	TOTAL	$\overline{}$		
		(Column 1)		_(Colum		(Column 3)	A0011.1			^	OUIT, PEEE			
AMENDMENT C				HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Q.	Total	•	Minus	**		=	X\$ 9:	- 1		OR	X\$18=			
AME	Independent	NTATION OF MI	Minus	FNOCNE	21.4	2	X40=	+	$\neg \neg$		X80=			
TRIBST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
- 44	ine Highest Nun	nn 1 is less than the nber Previously Pai	d For IN THIS	SPACE K	loce than	20 0000 20	+135=	AL I		OR	+270= TOTAL			
	inia widuszi Mñl	nber Previously Pa ber Previously Paid	id For IN THIS	S SPACE is:	less that	n 3 aniar "3"	AUDIT, F			_	DDIT FEE			

Application or Docket Number

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